

IMD Step-Down Monthly Report Sample:

FACILITY:

Clients Served	
Admissions for month	
Discharges for month	
Total Served for month	
Census at end of month	

Gender	
Male	
Female	
Total	0

Age	
18-25	
26-35	
36-45	
46-55	
56-65	
Total	0

Ethnicity	
Other White	
Black	
Mexican/Hispanic	
American Indian	
Chinese	
Japanese	
Filipino	
Other Asian Pacific	
Other Non-White	
Unknown	
Total	0

Conservatorship Status	
LAPG	
Private	
Voluntary	
Total	0

Referral Source*	
County Hospital	
FFS Hospital	
State Hospital	
IMD	
Sub-Acute	
Readmission	
Other**	
Total	0

IMD/Sub-Acute Referrals*	
Seen within 72 Hours	
Not seen within 72 Hours	
Total	0

Acute Inpatient Referrals*	
Seen within 24 Hours	
Not seen within 24 Hours	
Total	0

Adverse*	
AWOL	
Hospitalization	
Other**	
Total	0

Referral Out*	
AMA	
Board and Care	
Extended Care Facility	
Family/Home	
IMD	
Other**	
Total	0

MONTH/YEAR: _____

AVERAGE MONTHLY CENSUS: _____

Referral to Community-Based Services	
Assertive Community Treatment (ACT)	
Full Service Partnership (FSP)	
Other**	
None	
Total	0

Length of Stay	
30 days or less	
31-60 days	
61-90 days	
91-180 days	
181-365 days	
366-730 days	
731-1095 days	
1096 or more	
Total	0

Diagnosis	
Schizophrenia, Disorganized Type	
Schizophrenia, Catatonic Type	
Schizophrenia, Paranoid Type	
Schizofreniform	
Schizoaffective	
Schizophrenia, Undifferentiated Type	
Major Depressive, Single Episode	
Major Depressive, Recurrent	
Bipolar, Recent Manic	
Bipolar, Recent Depressed	
Bipolar, Recent Mixed	
Bipolar, Recent Unspecified	
Bipolar II	
Psychotic NOS	
Other	
Total	0

*Please indicate data only pertaining to stated month.

**Please footnote and clarify the "Other"

STAFF SIGNATURE: _____